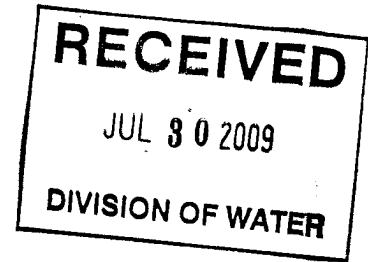




P.O. Box 50636, Knoxville, TN 37950
Phone: (865) 588-5422 Fax: (865) 588-6857



July 28, 2009

KPDES Branch
Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

**RE: Renewal Application for KPDES Permit #KY0023248
Pilot Travel Center No. 156
Highway 813 Exit 37 Pennyriple Pkwy.
Mortons Gap, KY 42440**

Transmitted by: USPS Certified Mail # 7009 0080 0000 6933 2261

Dear Sir or Madam:

Please receive the following renewal application for the reissuance of Permit number KY0100023248 for the listed facility in Mortons Gap, Kentucky. A list of included documents is listed below, and a check for the application fee is also enclosed.

Form 1
Form SC
Topographic Map
Flow Schematic (Line Drawing)
Site Plan

Please feel free to contact me with any questions at 865-588-5422 ext 208. Thank you in advance for your time in this matter.

Respectfully submitted,

Alan J. Fass, P.G.
Project Scientist
Dynamis, Inc.
Tel. 865-588-5422
Fax 865-588-6857
Email alanfass@dynamis-inc.com

Enclosures

Cc: Mr. Joey Cupp, Pilot Travel Centers LLC

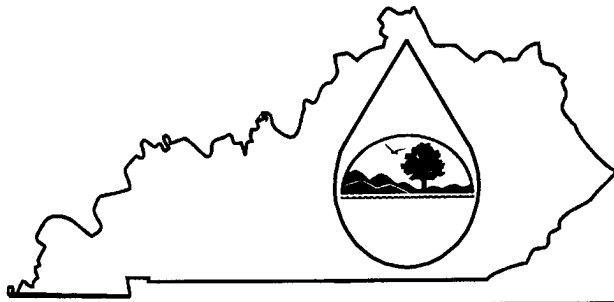
KPDES FORM 1

AZ #1892

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 30 2009

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

OK 2009

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	2	3	2	4	8
A. Name of Business, Municipality, Company, Etc. Requesting Permit Pilot Travel Centers LLC									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name:					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>				
Pilot Travel Centers LLC No. 156					Joey Cupp, Environmental Manager, Pilot Travel Centers LLC				
Facility Location Address (i.e. street, road, etc., not P.O. Box):					Mailing Address:				
Highway 813 Exit 37 Pennyrile Parkway					5508 Lonas Drive				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code:				
Mortons Gap, KY 42440					Knoxville, TN 37909				
D. Owner's name (if not the same as in part A and C): Pilot Travel Centers LLC					Facility Contact Telephone Number:				
					(865) 588-7488				
Owner's Mailing Address: 5508 Lonas Drive, Knoxville, TN 37909					Owner's Telephone Number (if different):				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This facility is a travel center which conducts retail sales of diesel fuel and gasoline, as well as retail operations consisting of convenience store merchandise and a fast food restaurant.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	Gasoline retail and service station		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Hopkins	City where facility is located (if applicable): Mortons Gap
C. Body of water receiving discharge: Flat Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37 degrees 15 minutes 29 seconds North	Facility Site Longitude (degrees, minutes, seconds): 26 degrees 87 minutes 91 seconds West
E. Method used to obtain latitude & longitude (see instructions): Mapping software (DeLorme Street Atlas, USA)	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0023248

Issue Date of Current Permit:

10/01/2005

Expiration Date of Current Permit:

01/31/2010

Number of Times Permit Reissued:

Unknown

Date of Original Permit Issuance:

Unknown

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit#:

N/A

Kentucky DSMRE Permit Number(s):

N/A

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

DMR Official Telephone Number:

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

DMR Mailing Address:

DMR Mailing City, State, Zip Code:

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Non-Process Industry

Filing Fee Enclosed:

\$200.00

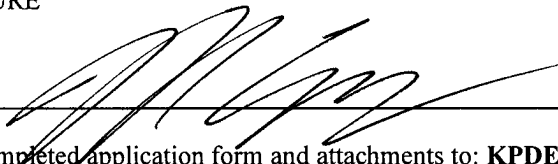
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Joey Cupp, Environmental Manager

SIGNATURE



TELEPHONE NUMBER (area code and number):

865-588-7488

DATE:

7-22-09

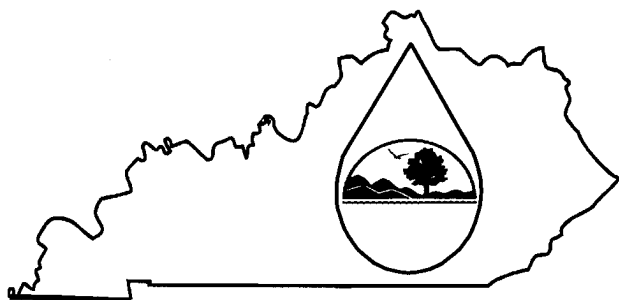
Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM SC

AZ 1832

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Pilot Travel Centers LLC No. 156

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

0 0 2 3 2 4 8

A. Do discharge(s) occur all year? Yes ☐X No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week?

7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

This facility is equipped with a 2,000 gallon oil/water separator, with an estimated flow capacity of 150 gallons per minute discharge, and designed to drain runoff from approximately 3,500 square feet. This device is protected from flow surges through the inflow pipe by design. The expected maximum flow is based on a 2-inch flow per hour storm event and three water hydrants located at the diesel fueling islands, with flow rates equal to or less than 150 gpm (the design capacity).

B. If new discharger, indicate anticipated discharge date:

N/A

C. Indicate the design capacity of the treatment system:

0.72 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	37	15	29	26	87	91	Flat Creek

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

Mapping software (DeLorme Street Atlas, USA)

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
002	Traffic Area Runoff north of diesel fueling islands	<500 gpm	Oil/water separator	1-H, 4-A
002	Diesel Fueling Islands Runoff	<500 gpm	Oil/water separator	1-H, 4-A

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
 ☐ Noncontact cooling water
 ☒ Other (list): treated discharge from oil/water separator

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:** N/A

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units). N/A

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	-----	--

Check when bypass occurs:	N/A <input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	N/A <input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	N/A
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions) N/A

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	19 mg/L	19 mg/L	1
TOTAL SUSPENDED SOLIDS	8 mg/L	8 mg/L	1
FECAL COLIFORM	13,000 col/ml	13,000 col/ml	1
TOTAL RESIDUAL CHLORINE	0 ppm	0 ppm	1
OIL AND GREASE	<5 mg/L	<5 mg/L	1
CHEMICAL OXYGEN DEMAND	41.5 mg/L	41.5 mg/L	1
TOTAL ORGANIC CARBON	13.8 mg/L	13.8 mg/L	1
AMMONIA	4.56 mg/L	4.56 mg/L	1
DISCHARGE FLOW	0.00012 mgd	0.00012 mgd	1
PH	6.9	6.9	1
TEMPERATURE (WINTER)	N/A	N/A	0
TEMPERATURE (SUMMER)	28.3° C	28.3° C	1

B. Frequency and duration of flow: Variable

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. X Ms. ☐ Joey Cupp, Environmental Manager

SIGNATURE

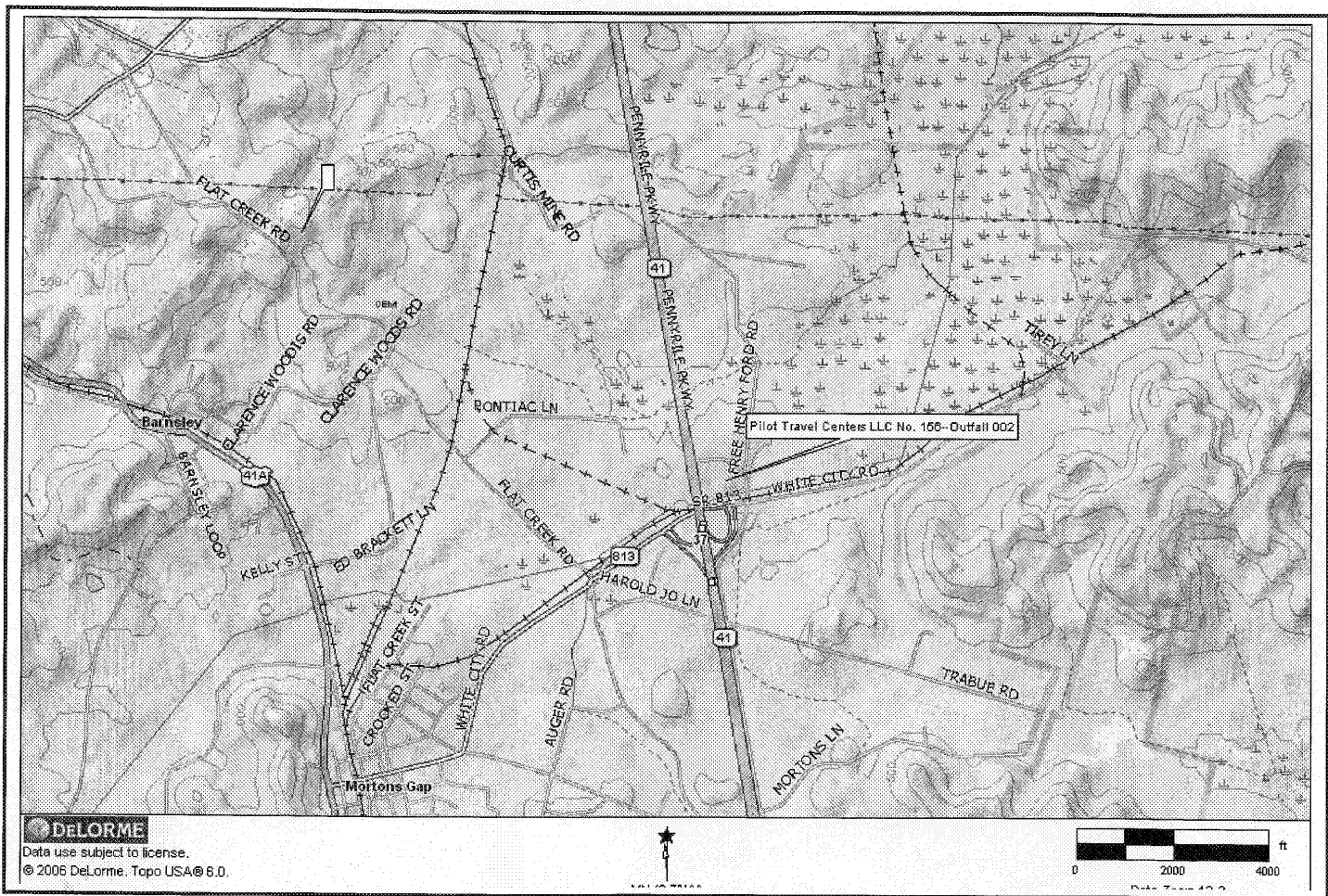


TELEPHONE NUMBER (area code and number):

(865) 588-7488

DATE

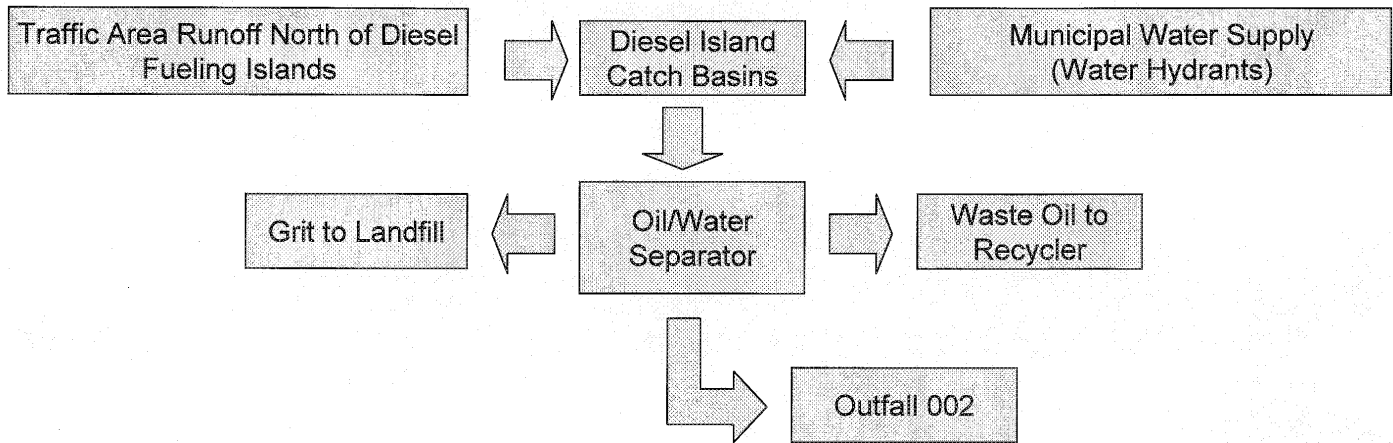
7-22-09



Outfall 002
Latitude 37°15'29" North
Longitude 26°87'91" West

Pilot Travel Centers LLC # 156
Morton's Gap, KY
NPDES Permit Application

Pilot Travel Centers LLC No. 156
Mortons Gap, Kentucky
KPDES Permit No. KY0023248



Notes and Specifications

1. All work shall be in accordance with the latest edition of the Kentucky Department of Transportation Standard Specifications for Construction, as amended.

2. The Contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities.

3. The Contractor shall maintain access to all existing utilities and structures throughout the project.

4. The Contractor shall be responsible for the protection and preservation of all existing trees and vegetation.

5. The Contractor shall be responsible for the installation and maintenance of all erosion control measures.

6. The Contractor shall be responsible for the installation and maintenance of all drainage structures.

7. The Contractor shall be responsible for the installation and maintenance of all grading structures.

8. The Contractor shall be responsible for the installation and maintenance of all retaining structures.

9. The Contractor shall be responsible for the installation and maintenance of all fencing and barriers.

10. The Contractor shall be responsible for the installation and maintenance of all signage and markers.

11. The Contractor shall be responsible for the installation and maintenance of all lighting and electrical systems.

12. The Contractor shall be responsible for the installation and maintenance of all communication systems.

13. The Contractor shall be responsible for the installation and maintenance of all security systems.

14. The Contractor shall be responsible for the installation and maintenance of all fire protection systems.

15. The Contractor shall be responsible for the installation and maintenance of all life safety systems.

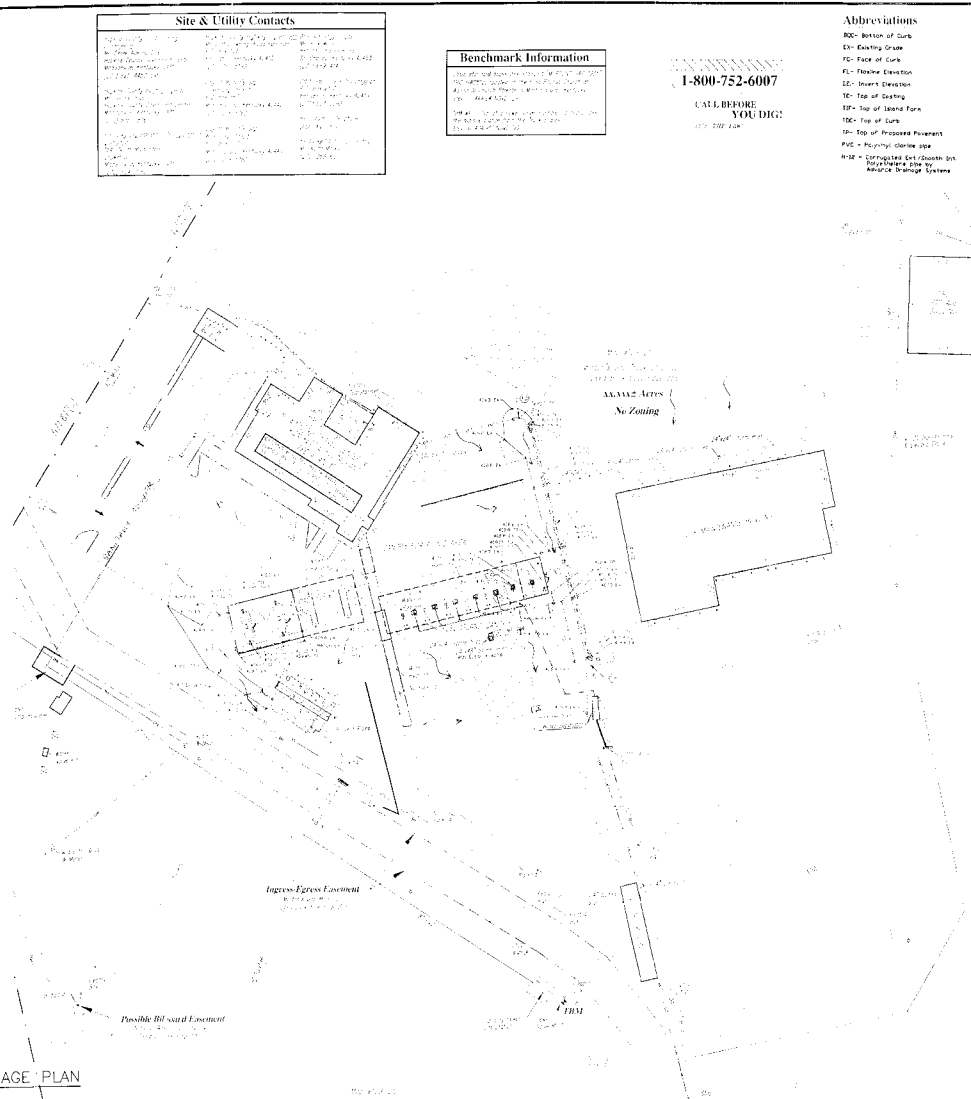
16. The Contractor shall be responsible for the installation and maintenance of all environmental systems.

17. The Contractor shall be responsible for the installation and maintenance of all health and safety systems.

18. The Contractor shall be responsible for the installation and maintenance of all quality control systems.

19. The Contractor shall be responsible for the installation and maintenance of all record keeping systems.

20. The Contractor shall be responsible for the installation and maintenance of all project management systems.



Site & Utility Contacts			
Utility	Company	Contact	Phone
Water	City of Louisville	John Smith	502-574-1234
Sewer	City of Louisville	Jane Doe	502-574-1234
Gas	City of Louisville	Bob Johnson	502-574-1234
Electric	City of Louisville	Alice Brown	502-574-1234
Telecom	City of Louisville	Charlie White	502-574-1234
Other	City of Louisville	Diana Green	502-574-1234

Benchmark Information

1-800-752-6007

CALL BEFORE YOU DIG!

1-800-752-6007

- Abbreviations**
- ROD - Bottom of Curb
 - EL - Existing Grade
 - FC - Face of Curb
 - FL - Finish Elevation
 - IS - Invert Elevation
 - TO - Top of Curb
 - ISF - Top of Island Form
 - IS - Top of Proposed Pavement
 - PS - Proposed Storm Sewer
 - PS - Corrugated Steel Sheet Pile
 - PS - Retaining Wall

- Construction Keynotes**
- 1. All work shall be in accordance with the latest edition of the Kentucky Department of Transportation Standard Specifications for Construction, as amended.
 - 2. The Contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities.
 - 3. The Contractor shall maintain access to all existing utilities and structures throughout the project.
 - 4. The Contractor shall be responsible for the protection and preservation of all existing trees and vegetation.
 - 5. The Contractor shall be responsible for the installation and maintenance of all erosion control measures.
 - 6. The Contractor shall be responsible for the installation and maintenance of all drainage structures.
 - 7. The Contractor shall be responsible for the installation and maintenance of all grading structures.
 - 8. The Contractor shall be responsible for the installation and maintenance of all retaining structures.
 - 9. The Contractor shall be responsible for the installation and maintenance of all fencing and barriers.
 - 10. The Contractor shall be responsible for the installation and maintenance of all signage and markers.
 - 11. The Contractor shall be responsible for the installation and maintenance of all lighting and electrical systems.
 - 12. The Contractor shall be responsible for the installation and maintenance of all communication systems.
 - 13. The Contractor shall be responsible for the installation and maintenance of all security systems.
 - 14. The Contractor shall be responsible for the installation and maintenance of all fire protection systems.
 - 15. The Contractor shall be responsible for the installation and maintenance of all life safety systems.
 - 16. The Contractor shall be responsible for the installation and maintenance of all environmental systems.
 - 17. The Contractor shall be responsible for the installation and maintenance of all health and safety systems.
 - 18. The Contractor shall be responsible for the installation and maintenance of all quality control systems.
 - 19. The Contractor shall be responsible for the installation and maintenance of all record keeping systems.
 - 20. The Contractor shall be responsible for the installation and maintenance of all project management systems.

PILOT TRAVEL CENTERS LLC
DESIGN DEPARTMENT
KNOXVILLE, TENNESSEE 37909
505.267.1100

PILOT TRAVEL CENTER
PENNYPARK PARKWAY, EXIT 37
MORTONSGAP, KENTUCKY

GRADING + DRAINAGE PLAN

DATE: 11/11/11
BY: J. Smith
CHECKED: J. Doe
APPROVED: J. White

SCALE: 1" = 40'

C4.0